

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM 379)

SERIAL NO.

10/535139

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													
21													
22													
23													
24													
25													
26													
27													
28													
29													
30													
31													
32													
33													
34													
35													
36													
37													
38													
39													
40													
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL IND.		↓		↓		↓		TOTAL IND.	↓		↓		↓
TOTAL DEP.		←		←		←		TOTAL DEP.	←		←		←
TOTAL CLAIMS								TOTAL CLAIMS					
51								51					
52								52					
53								53					
54								54					
55								55					
56								56					
57								57					
58								58					
59								59					
60								60					
61								61					
62								62					
63								63					
64								64					
65								65					
66								66					
67								67					
68								68					
69								69					
70								70					
71								71					
72								72					
73								73					
74								74					
75								75					
76								76					
77								77					
78								78					
79								79					
80								80					
81								81					
82								82					
83								83					
84								84					
85								85					
86								86					
87								87					
88								88					
89								89					
90								90					
91								91					
92								92					
93								93					
94								94					
95								95					
96								96					
97								97					
98								98					
99								99					
100								100					
TOTAL IND.		↓		↓		↓		TOTAL IND.	↓		↓		↓
TOTAL DEP.		←		←		←		TOTAL DEP.	←		←		←
TOTAL CLAIMS								TOTAL CLAIMS					